Delbert Hosemann SECRETARY OF STATE

Candidate

Full Address 2 Vaugh Dr. Telephone 601-442-9371 Fax 601-442-9372 Secretary of State DATE OF PRINTING Contact Name 2 Dec Johns Email 1/3 Auro be 1/504th December 31, 2009 Check here if above is different from previous report TYPE OF REPORT January 29, 2010 Annual Report (January 1, 2009, through December 31, 2009) Required to terminate reporting expenditures and has no outstanding campaign debt obligations (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred in such case, the candidate of the case, the candidate in such case, the candidate in such case, the candidate is not contributions or expenditures have occurred in such case, the candidate of the case, the candidate is not case.	Annual Report of Receipts and Disbursements	1
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Telephone 601-442-9371 Fax 601-442-9372 Secretary of State Four Contact Name 2 100 100 100 Email 13 1 100 100 Email 13 1 100 100 Crat Office Sought 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Candidate's Name Kobert L. Johnson	KBREINE
Contact Name Liber / Johnson Email r/j 3 law & he list 4th net Office Sought State Lesislature Political Party Democrat Check here if above is different from previous report TYPE OF REPORT January 29, 2010 Annual Report (January 1, 2009, through December 31, 2009)	Full Address 2 / Vaughn Dr.	FEB 0 4 2010
Contact Name Liber Johns Email 1/3 Jawa hells 04th. net Office Sought State Les, statut Political Party Democrat Check here if above is different from previous report TYPE OF REPORT January 29, 2010 Annual Report (January 1, 2009, through December 31, 2009)	Telephone 601-442-9351 Fax 601-442-9372	
Check here if above is different from previous report TYPE OF REPORT January 29, 2010 Annual Report (January 1, 2009, through December 31, 2009)	Contact Name Robert Johnson Email 1/3 /awa hellsouth net	
January 29, 2010 Annual Report (January 1, 2009, through December 31, 2009)	Check here if above is different from previous report	
Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) MPORTANT IMPORTANT	TYPE OF REPORT	
expenditures and has no outstanding campaign debt obligation) obligations IMPORTANT	January 29, 2010 Annual Report (January 1, 2009, through December 31, 2009)	
(1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate	Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Requir	
(1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate	IMPORTANT	
origin submit a report indicating of (Zero) for total alliquit of reported contributions and expenditures during this period	(1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In s shall submit a report indicating "0" (Zero) for total amount of reported contributions and expend	such case, the candidate
(2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).	(2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in according	
(3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.	falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:0	orting day. If the deadline 00 p.m. on the first working
REPORTED CONTRIBUTIONS AND DISBURSEMENTS	REPORTED CONTRIBUTIONS AND DISBURSEMENT	e
Itemized + Non-itemized = This Period Calendar Year-To-Date		Calendar
Total amount of contributions \$ +\$ \$ \(\(\) \(Total amount of contributions \$ +\$ \$ \(\(\)200,00 \(\)\$	4
Total amount of disbursements		
Total amount of cash on hand \$ 3 850 . 0 b		
I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.	1000 2/101 MA (- 29.	accurate, and complete. 2かん
Signature of Candidate Date		
Authority: Refer to Miss. Code Ann. \S^{Σ}_{23} -15-801 (1972) et. seq. for statutory requirements. Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).	Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure	e to submit valid reports shall
1. Candidates for statewide, state district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819. 2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.	Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-35 601-576-2819.	9-1499 or
desired offices should return forms to their county Circuit Clerk.	their courses and a state offices should return forms to their courses.	any Circuit Cierk.

Name of Candidate or Committee __	Robert-L.	Johnson	Page	/ of
Reporting period	through _		_	

ITEMIZED RECEIPTS

A. Source:	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Glaro Smith Kline	\$121 03 WW9	\$ 500.00
Mailing Address		\$
City, State, Zip Code	1001200	\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year–to-date	\$ 500.00
B. Source: □ Corporation □ PAC □ Individual □ Loan □ Other (please specify)	Date (Mo., Day, Year) Amount of each receipt this period	
Full name	12110 12009	\$
Mailing Address		\$
City, State, Zip Code		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year–to-date	\$ 500.00
C. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) Amount of each receipt this period	
Full name R.J. Reynolds	1211112009	\$
Mailing Address		\$
City, State, Zip Code		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year–to-date	\$200.00
D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) Amount of each receipt this period	
Full name		\$
Mailing Address		\$
City, State, Zip Code		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year–to-date	\$